



PTO/SB/22 (12-04)

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|--|---|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |   | <b>Docket Number (Optional)</b><br>559442000420  |                         |
| <b>Application Number</b> 09/834,375   |   | <b>Filed</b> April 13, 2001  |                         |
| <b>For</b> SYSTEM FOR INTERCONNECTION OF AUDIO PROGRAM DATA TRANSMITTED BY RADIO TO<br>REMOTE VEHICLE OR INDIVIDUAL WITH GPS LOCATION  |   |  |                         |
| <b>Art Unit</b> 2614   |   | <b>Examiner</b> A. Q. Shang  |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above<br>identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |  |                         |
|  |   | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | \$120  | \$ 120.00               |
| <input type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))  | \$450  | \$                      |
| <input type="checkbox"/>   | Three months (37 CFR 1.17(a)(3))  | \$1020   | \$                      |
| <input type="checkbox"/>   | Four months (37 CFR 1.17(a)(4))   | \$1590   | \$                      |
| <input type="checkbox"/>   | Five months (37 CFR 1.17(a)(5))   | \$2160   | \$                      |
| <input type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.  |  |                         |
| <input type="checkbox"/>   | A check in the amount of the fee is enclosed.   |  |                         |
| <input type="checkbox"/>   | Payment by credit card. Form PTO-2038 is attached.  |  |                         |
| <input checked="" type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                         |
| <input checked="" type="checkbox"/>  | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number <u>03-1952</u> <del>I have enclosed a duplicate copy of this sheet.</del> Fee<br>Transmittal form (PTO/SB/17) is attached to this<br>submission in duplicate. |  |                         |
| I am the   | <input type="checkbox"/>  | applicant/inventor.  |                         |
|  | <input type="checkbox"/>  | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|  | <input type="checkbox"/>  | attorney or agent of record. Registration Number _____   |                         |
|  | <input checked="" type="checkbox"/>   | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>54,063</u>                        |                         |
| _____<br>Signature   |   | _____<br>November 1, 2005<br>Date  |                         |
| _____<br>James M. Denaro<br>Typed or printed name  |   | _____<br>(703) 760-7739<br>Telephone Number  |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more<br>than one signature is required, see below.   |   |  |                         |
| <input type="checkbox"/>   | Total of <u>1</u> forms are submitted.  |  |                         |

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